

Attorney Docket No.: 50277-0367

#84 14/5/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Group Art Unit No.: 2172

Juan R. Loaiza, et al.

Examiner: Alford W. Kindred

Serial No.: 09/675,195

Filed: September 29, 2000

€ For: USING TRANSPORTABLE TABLESPACES

FOR HOUSING DATA OF MULTIPLE

USERS

Box Non-Fee Amendment Commissioner of Patents Washington, D.C. 20231 RECEIVED

NOV 1 5 2002

Technology Center o

RESPONSE PURSUANT TO 37 C.F.R. § 1.111

Sir:

This is in response to the Office Action mailed August 13, 2002, the shortened statutory period for which runs until November 13, 2002.

PTO/SB/17 (12/99)
Approved for use through 09/30/2000. OMB 0651-0032
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NO	FEE	TRA	NSM	ITT/	۱L
	fo	r FY	2003	}	

Patent fees are subject to annual revision, Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT

See 37 C.F.R. §§ 1.27 AND 1.28

(\$) 0.00

	Complete if Known	
Application Number	09/675,195	
Filing Date	September 29, 2000	
First Named Inventor	JUAN R. LOAIZA	D ₂
Examiner Name	ALFORD W. KINDRED	PECEN
Group/Art Unit	2172	NOV ,
Attorney Docket No.	50277-0367 Tea	- J - J -

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)				es Course
Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.	Large E Fee		ONAL Small E Fee I Code—	intity Fee	Fee Description	Fee Paid
Deposit Account Number 50-1302	105	130	205	65	Surcharge – late filing fee or oath	
Deposit Account Name Hickman Palermo Truong & Becker, LLP	127	50	227	25	Surcharge – late provisional filing fee or cover sheet.	
2. Payment Enclosed:	139	130	139	130	Non-English specification	
Check Money Other	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
3. Applicant(s) is entitled to small entity status.		1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
See 37 CFR 1.27		440	015		Establish for mother within first month	
FEE CALCULATION		110	215	55	Extension for reply within first month	
1. BASIC FILING FEE	116	400	216	200	Extension for reply within second month	
Large Entity Small Entity	117	920	217	460	Extension for reply within third month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118	1,440	218	720	Extension for reply within fourth month	
101 740 201 370 Utility filing fee 0.00	128	1,960	228	980	Extension for reply within fifth month	
106 330 206 165 Design filing fee	119	320	219	160	Notice of Appeal	
107 510 207 255 Plant filing fee	120	320	220	160	Filing a brief in support of an appeal	
108 740 208 370 Reissue filing fee	121	280	221	140	Request for oral hearing	
114 160 214 80 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
	140	110	240	55	Petition to revive - unavoidable	
SUBTOTAL (1) (\$) 0.00	141 142	1,280	241	640	Petition to revive – unintentional	
2. EXTRA CLAIM FEES		1,280	242	640	Utility issue fee (or reissue)	
Fee from Extra Claims Below Fee Paid	143	460	243	230	Design issue fee	
Total Claims 26 -26**= 0 x 18.00 = 0.00	144	620	244	310	Plant issue fee	
Independent 4 - 4**= 0 X 84.00 = 0.00	122	130	122	130	Petitions to the Commissioner	1
Multiple Dependent =	123	50	123	50	Petitions related to provisional applications	
**or number previously paid, if greater; For Reissues, see below	126	180	126	180	Submission of information Disclosure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each patent assignment per property (times number of properties)	
103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	
102 84 202 42 Independent claims in excess of 3	149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims	Other fo	ee (spec	;ify) _			
over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other fe	ee (spec	cify) _			
SUBTOTAL (2) (\$) 0.00	*Reduc	ed by B	asic Filir	g Fee P	aid SUBTOTAL (3) (\$) 0.00	
CLIDMITTED DV					Complete (familiantle)	

Warning:

Name (Print/Type)

Signature

Inf rmati n n this f rm may bec m public. Credit card inf rmati n sh uld n t be Included n this form. Pr vid credit card inf rmati n and auth rization on PTO-2038.

42,327

Telephone

Date

(408) 414-1080 November 8, 2002